

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/932,013
	Filing Date	August 17, 2001
	First Named Inventor	David Barrington Everett
	Art Unit	2137
	Examiner Name	Mathew B. Smithers
	Attorney Docket Number	40000059-0150

I hereby revoke all previous powers of attorney given in the above-identified patent

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 26263

☒ Please change the correspondence address for the above-identified patent to:

☒ The address associated with Customer Number. 26263

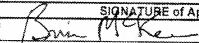
OR

<input type="checkbox"/> Firm or individual Name			
Address			
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I am the

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Signature	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.